

## **VT DOC Health Services – FAQ’s from Previous RFP’s**

**DOC has provided these FAQ Answers as basic information provided in the spirit of assisting you in understanding the requirements of the RFP and not as the final word on all topics.**

1. Q: Are any of the current healthcare staff unionized?

A: No

2. Q: Are electronic medical record capabilities being required under this RFP?

A: EMR capability is required by VTDOC. The RFP carries a request that the contractor provide information relative to providing EHR services within this contract.

3. Q: Would the contractor be financially responsible for the NCCHC accreditation fees?

A: Yes, however, the costs of fees are paid for as part of the contract.

4. Q: Please confirm that the medical vendor would not be responsible for services to the **480** out-of-state inmates housed with the Corrections Corporation of America (CCA).

A: The CCA contract is separate from the in-state contract. Services provided under this contract would be those necessary for preparing the inmate for out-of-state travel and for receiving him upon return from out-of-state. The vendor would also be responsible for providing any additional information needed regarding the inmate upon request of the OOS vendor.

5. Q: Please provide a copy of the current medical and mental health contract

A: Please refer to FAQs folder

6. Q: How much has been expended on the comprehensive health services contract for the last two (2) contract years.

A: Please refer to FAQs folder

7. Q: Is VTDOC currently using the Vermont Department of Health to test inmates for HIV/AIDS?

A: **MOU under Development** – testing is being done by the contractor's lab, however, it is anticipated that the future contractor will employ testing and educational services for HIV and other STI's as per CDC standards for incarcerated populations and will test through the MOU with VDH.

8. Q: Please provide details on current positions , titles, wages, salaries

A: **Please refer to FAQs folder** with file ~ "Active VT-EE Listing 4-9-2014"

9. Q: Please provide a listing of contractors entered into by the current vendor.

A: **Please refer to FAQs folder** with file named ~ "Subcontracts entered into by Current Vendor"

10.Q: Do you offer any shift differentials to your employees?

A: **Please refer to FAQs folder** with file named ~ "Position Control with Shift Differentials and Matrix"

11.Q: How many lawsuits pertaining to inmate health care (frivolous or otherwise) have been filed against DOC and/or the incumbent medical provider in the last three (3) years?

A: **Data for incumbent and DOC is unavailable at this time**

12.Q: For each facility, please provide twelve (12) months of inmate population data; broken down by detainees vs sentenced offenders.

A: **ADP for FY 2013:**

Caledonia Work Camp (CCWC)	102
Chittenden (Females) (CRCF)	150
Marble Valley (MVRCF)	135
Northeast (NERCF)	128
Northern (NSCF)	406
Northwest (NWSCF)	213
Southeast (SESCF)	97
Southern (SSCF)	344

13.Q: What is the average length of stay (ALOS) for each of the following populations? Detainees and Sentenced Offenders?

A: Most recent yearly averages:

Detainees - 32 days

Jail - 35 days

Prison - 276 days

14.Q: Are any of the VTDOC facilities currently accredited by the American Correctional Association (ACA)? If yes, please provide the most recent accreditation date for the facility. If no, does the VTDOC have the intention of pursuing ACA accreditation?

A: No facility is currently accredited by ACA. DOC Health Services has no intention of pursuing ACA. **All facilities are NCCHC accredited.**

15.Q: Please provide the most recent National Commission on Correctional Health Care (NCCHC) date for each of the VTDOC facilities

A: 2012

16.Q: Are any members of the current health service workforce at the VTDOC facilities unionized?

A: No

17.Q: Please confirm that the time health care services staff members spend in orientation, in-service training and continuing education classes will count toward the hours required for the contract.

A: Time spent in orientation **does not** count as staffing matrix time

18.Q: Please provide an inventory of office equipment (i.e. PC's, printers, fax machines, copiers) and medical equipment currently in use at each VTDOC facility and identify which equipment will be available for use by the contractor.

A: Please refer to FAQs folder with file named ~ "Inventory - Office & Medical Over \$500"

19.Q: How does the health unit staff at each VTDOC facility currently access the internet? Through a facility network or through connectivity provided by the incumbent contractor? Who is financially responsible for such internet access?

A: Internet access costs are provided by bidder under separate sub-contract all services must be developed in collaboration with the State of Vermont IT and Building and Grounds Services (BGS) team and DII.

20.Q: Please identify the current sub-contracted provider(s) of laboratory services

A: Lab Core

21.Q: Other than the onsite x-ray services at Southern State Correctional Facility (SSCF), referenced in the RFP, how are radiology services currently provided at each VTDOC facility

A: (a) Limited services onsite, with permanent DOC-owned equipment at SSCF; (b) onsite, at other facilities with the exception of Northern State Correctional Facility (NSCF) are provided by a mobile radiology vendor and (c) offsite all; inmates travel to local hospitals for radiology services depending on the type of diagnostic study required and whether the study is needed urgently or emergently.

22.Q: For those VTDOC facilities whose Appendix 504.a descriptions do not include permanent dental equipment, are onsite dental services currently provided through mobile dentistry? If yes, please identify the vendor. If no, how are dental services provided?

A: Inmates travel to a VT correctional site in their area where services are provided (Southern, Northwest and Chittenden). Community services are used and needed and could be provided under separate sub-contract where needed.

23.Q: How are optometry services currently provided at each VTDOC facility:

A: (a) onsite with permanent VTDOC owned equipment; (b) onsite, through mobile optometry; and (c) offsite through community or hospital affiliated

providers or clinics with travel as needed. Care provided offsite is usually for Ophthalmology services.

24.Q: How are dialysis services currently provided at each VTDOC facility:

A: (a) off site through private and hospital affiliated providers. It is the state's preference that all dialysis services be provided through a hospital affiliation at the standard CMS cost for services; The state expects that the vendor will also develop contract(s) with private providers of dialysis services in the event of a need that cannot be scheduled in a timely fashion with a hospital based unit. The vendor should develop that contract with pricing that is in keeping with that of a hospital-based unit. The vendor must provide all contracts to VTDOC within 30-days of their development.

25.Q: What are the designated emergency or "911" hospitals for each VTDOC facility?

A: Refer to the appendix in the RFP

26.Q: Please identify the specialty clinics currently contracted onsite at each VTDOC facility and indicate how many hours per week each clinic is held.

A: **Optometry and limited Podiatry** are the only clinics conducted at this time.

27.Q: For those facilities with an infirmary or medical housing unit, how many inmates are housed (on average) in each unit on a daily basis?

A: SSCF has a maximum of ten (10) inmates with additional housing for ADL/semi-sheltered level inmates on C-unit of 25 inmates. NSCF has a medical housing unit of three (3) beds.

28.Q: Do any of the VTDOC facilities have a mental health unit, or beds assigned to mental health patients? If yes, please provide the number of such beds.

A: A secure mental health unit of ten (10) single cells is located at Southern State Correctional Facility (SSCF) and has an average headcount of about eight (8). An Intermediate mental health unit of twenty (20) single cells and four (4) double cells is also located at SSCF and has an average headcount

of about twenty (20). At the Chittenden Regional Correctional Facility (CRCF), the Alpha Unit is a multi-purpose location with a total of sixteen (16) beds, one or more of which is generally occupied by someone requiring close mental health care and observation. The Bravo Unit at CRCF has twelve (12) beds and is used for semi-sheltered housing for about twelve (12) female inmates. Beds in other units of these two (2) facilities and in various units in other facilities may be used on an “as needed” basis for housing and protecting inmates whose mental health status is acutely deteriorated or whose behavior is severely unstable.

29.Q: For each VTDOC facility, please provide the following information about medication administration.

I. Who administers medications (i.e. RN's, LPN's, and Medical Assistants)?

A: typically LPN's in some cases RN's are used, however, this should be the exception and not the rule, given the cost of RN's as a resource. Medical assistants cannot administer medications.

II. How long does it take to perform the average medication distribution process?

A: The time varies by facility and within the facility by time of day – average is 2.5-3 hours.

30.Q: At each facility, how many medication carts will the VTDOC make available for the use of the incoming contractor?

A: Carts are available in each VTDOC facility – the contractor will need to determine if more carts are needed. Carts are often provided by/through the Pharmacy vendor.

31.Q: On average, what percentage of VTDOC inmates are prescribed psychotropic drugs each month?

A: The monthly average percentage of inmates prescribed psychotropic medications in Calendar Year 2013 was 840 or 36% of population.

32.Q: HIV and Hepatitis diagnostic information and encounter statistics included in the RFP Appendix 5.06. Please also provide the average number of inmates receiving pharmaceutical treatment each month for the following conditions:

Hemophilia; Hepatitis C; HIV/AIDS

A: **Hemophilia** – none, there is one (1) inmate receiving factor replacement therapy;

**Hepatitis C** – approximately 3-4

**HIV/AIDS** – approximately 7-9

33.Q: Please provide calendar year 2013 year-to-date data for each of the following categories:

I. Number of inpatient offsite hospital days;

II. Number of Outpatient surgeries;

III. Number of Outpatient referrals;

IV. Number of trips to the emergency department;

A: I. Number of Inpatient offsite hospital days - 30 per month, FY 2013

II. Number of Outpatient Surgeries – 5 per month, FY 2013

III. Number of Outpatient Referrals – 162 per month, FY 2013

IV. Number of Trips to the ER – 28 per month, FY 2013

34.Q: Please provide historical health services cost data broken out into at least the following categories:

I. Total Offsite care

II. Total pharmaceutical expenditures

III. Laboratory services

IV. X-ray services

A: Please refer to FAQs folder with file named ~ “Comprehensive Health Services Contract Expenditures 2012 and 2013”.

35.Q: Please provide the following pharmacy utilization data:

I. Monthly detail of pharmacy utilization and expenditures over the past 12 months (including number of prescriptions, detail by medication and any drug utilization ranking information, such as top 20 drugs by cost.

A: Please refer to FAQs folder

36.Q: The RFP refers to involuntary medication proceedings. Does VTDOC have an involuntary medication policy/directive? If so, please provide a copy.

A: It is the policy of VTDOC, that psychotropic medication may be administered to an inmate involuntarily, only on an emergency basis; and then only if other means have failed or been deemed infeasible to protect the immediate safety of the inmate or others. Involuntary medication can be administered only for the duration of the emergency. Inmate patients potentially in need of non-emergency involuntary treatment will be referred to the Department of Mental Health (VDMH) for care in a psychiatric hospital. There is no specific Directive on involuntary medication; the relevant policy and procedure may be found in 361.01.14. Involuntary administration of psychotropic medication is extremely rare within VTDOC; there were no such instances in 2013.

37.Q: Please describe the current use of telemedicine services, if any, and any telemedicine equipment already in place and available for the vendor, including which facilities are set up for telemedicine services

A: VTDOC's current contractor has the ability to deliver Tele-Psychiatry at all sites. Tele-Medicine is not currently being used, however, we would expect the contractor to develop Tele-Medicine, as well, including but not limited to, general medical issues, specialty services – Endocrinology, Cardiology, Rheumatology, Dermatology, and Pulmonology.

### Medical Records

38.Q. Where are medical records of discharged inmates stored?

A: Medical records are stored onsite at the facility for two (2) years post release following that period they are shipped to the state storage area for archiving. <http://www.sec.state.vt.us/archives-records.aspx> . The contractor is responsible for making sure that this occurs on a regular basis and in a timely fashion. A report containing information on number of records pending archiving for each facility **MUST** be sent to VTDOC quarterly.



39.Q: Who is responsible for maintenance and retrieval of discharge records when an inmate returns to custody?

A: The contractor would make a request to the state archives if the record has been archived. If it is under the two (2) year time frame, the record will be at the facility where the inmate was last released from.

40.Q: The contractor must assess inmates for intellectual functioning. Does the VTDOC require psychological testing to accomplish this?

A: The contractor must use a standardized and validated instrument to screen for cognitive impairment. If further assessment of the extent or nature of such impairment requires psychological or neuropsychological testing, this may be provided by the contractor, if qualified staff is available or through an on-patient consultation. In most cases, however, the informed clinical judgment of contractor's professional mental health staff is sufficient to guide the inmate's treatment and adjustment to correctional living.

41.Q: In those cases in which SFI inmates lack a serious mental illness, what participation in the treatment of SFI inmates is expected of psychiatric providers?

A: Inmates may be designated SFI on the basis of a variety of cognitive, developmental or organic conditions that result in severe impairment in the correctional environment. In such cases, and assuming there were no other psychotic or affective disorder diagnosed, the role of psychiatry staff would include activities such as assistance with diagnosis, treatment planning and coordination with medical staff.

42.Q: The weekly segregation rounds notes described by the RFP include requirements for a brief MSE "and any other observations, assessments or plans that are relevant to the inmate's condition and circumstances and diagnoses." Is the VTDOC willing to consider alternative documentation standards, such as those outlined by the NCCHC?

A: VTDOC is willing to discuss the format for documentation of segregation rounds, provided that both the process and the documentation adequately reflect the inmate's self-report and engagement, important elements of

context and information that are available through direct observation and information obtained from other medical, case, and security staff members.

43.Q: Is there currently a physician certified to dispense buprenorphine in Vermont, providing this service to VTDOC inmates? If so, please describe how this procedure currently operates

A: Yes, there are currently **three (3)** physicians certified to dispense buprenorphine. The individual is assessed at the time of entry and information is gathered at that point. The prescription is verified at the pharmacy and information obtained from the individual's community or **Hub** prescriber. Inmates, who are servicing sentences of 30-days or less, may be continued on buprenorphine and methadone (for opiate replacement treatment). Methadone is dispensed after confirmation of treatment through one of the independent Methadone treatment programs with whom we have MOU's. Methadone used for the treatment of chronic pain may be prescribed as such and dispensed on site.

44.Q: How many incapacitated inmates are serviced by site and by gender?

A. All services described in the RFP are provided at each site with the following exceptions:

- ° OB-GYN services are provided at Chittenden Regional Correctional Facility (CRCF), as that is the facility that houses female inmates.
- ° The secure Mental Health Unit and the Mental Health Treatment unit are located at Southern State Correctional Facility (SSC), as described in the RFP.

45.Q: What services are provided by site and by gender?

A: OB/GYN services are provided at CRCF as that is the facility that houses female inmates

46.Q: What responsibility does the contractor have for the 650 out-of-state, CCA inmates?

(a) Does the VTDOC house any other per-diem inmates such as US Marshall's or ICE?

A: VTDOC houses Federal inmates under US Marshall's and ICE, both under contract; additionally, we also have a limited number of Interstate Compact Agreement inmates. The RFP includes a process for managing these claims and the contractor is responsible for ensuring that the state does not incur charges for their care in excess of the daily agreed upon rate.

47.Q: Could you provide a statewide Average Daily Population (ADP) breakdown for VTDOC males, VTDOC females, out-of-state?

A: From 2013 Data

VTDOC Males - 1439

VTDOC Females – 153

Out-of-State - 492

48.Q: When is the next scheduled on-site NCCHC review at each of the facilities?

A: 2015

49.Q: Is the current contractor conducting any Tele-psychiatry services? If so, at which VTDOC facilities is this occurring at?

A: Yes and it is occurring at all VTDOC facilities

50.Q: Is the current contractor conducting any Tele-medicine services?

A: No, but VTDOC expects this to occur with the incoming contractor

51.Q: Is providing the Flu vaccination the responsibility of the contractor?

A: Yes; however it is ordered through a VTDOC contract

52.Q: Is the contractor responsible for the lab costs for voluntary HIV testing?

A: Yes, please see the portion of the RFP, which also references this question.

53.Q: Is the contractor responsible for the cost of inpatient psychiatric hospitalizations?

A: No

54.Q: Is the VTDOC planning to award a single contract to one provider that includes both medical and mental health services?

A: We would award a contract of this type, if we were satisfied with both the medical and mental health services that could be provided under one contract. We are interested, in reviewing contracts, from all, whether single or individual. If the contract is awarded to two (2) separate contractors, the expectation is that the awardees, would work collaboratively, to provide services in a fashion that was seamless and well-coordinated.

55.Q: Does the VTDOC have any state regulated or negotiated rates for off-site care?

(a) Off-site care or (b) hospital stays of less than 24-hours

A: No, however the state expects the contractor to negotiate rates that are equal to Medicare or Medicaid rates for these services. Hospital stays less than 24-hours can be reimbursed through Green Mountain Care / Medicaid and the contractor is responsible for ensuring that the necessary process is followed and necessary paperwork is completed by the inmate for eligibility/enrollment pre-stay (see RFP)

56.Q: Who is the current dental subcontractor?

A: Routine dental services are provided by our current contractor.

57.Q: Are dental services being provided by a mobile unit/provider?

A: Not at this time

58.Q: At what facilities are visiting medical specialists providing on-site services?

A: Optometry and Physical Therapy are the only services provided at this time; however, VTDOC would encourage the contractor to explore opportunities for providing additional on-site clinics.

59.Q: Are mobile radiology services currently being provided at any of the facilities? If so, who is the current mobile radiology provider?

A: Yes, all sites except NSCF - Mobile X is the current provider used at the VTDOC facilities.

60.Q: Is there a current EMR product being utilized in the facilities? If so, what EMR is being used?

A: Yes, we are currently using the current contractor's EMR.

61.Q: What JMS system does the VTDOC utilize?

A: The state of Vermont has contracted with Interact to implement their Jail tracker OMS system that includes the following features:

- A multi-tier component-based architecture built on J2EE and .NET technology;
- Centralized data management;
- Configuration options, including an on premise appliance for database caching so that system operation is uninterrupted by loss of network connectivity;
- Interoperability with external systems and services through standards based interfaces, including the Justice Information Exchange Model (JIEM) and with the state's Oracle based web service SOA components;
- An integrated data model, using a relational database system.

62.Q: Which medical staff member currently conducts receiving screenings?

A: Nurse (RN)

63.Q: Would the VTDOC object to the receiving screening being conducted by a Medical Assistant (MA) or Licensed Nursing Assistant (LNA)?

A: **Yes**, the receiving screening **must** be conducted by a nurse (RN).

64.Q: Does the VDH cover HIV medications for the inmate population?

A: No, however, VTDOC has a process in place with VDH to ensure coordination and the seamless transfer for the inmate into the community with an established provider and funding for medications.

65.Q: What are the VTDOC policies regarding initiation of treatment for Hepatitis C?

A: VTDOC has a contract with Fletcher Allen Healthcare (FAHC) Infectious Disease (ID) clinic for consultations on HCV treatment and a protocol for evaluation and referral. The contractor will be expected to adhere to the protocol and advise VTDOC of any plan to deviate from same.

### Payment to Hospitals

The following questions are related to the Green Mountain Care program:

66.Q: (I) If an inmate becomes eligible for Green Mountain Care (GMC), is that applicable for a period of time (i.e. 1 year) or just for that specific inpatient stay?

A: (I) Application is good for extended period but additional information is provided each time admitted (i.e. admit date, new or changed information, etc.)

67.Q: (II) How long do we have to file a GMC enrollment form?

A: ASAP

68.Q: (III) How will we know if an inmate is determined eligible for Green Mountain Care?

A: Notification from Green Mountain Care (GMC)

69.Q: (IV) What is the enrollment requirements/process for Green Mountain Care?

A: Completion of the GMC application

### Methadone and Buprenorphine at VTDOC Facilities

70.Q: Can you provide the VTDOC policy on Medication Assisted Therapy (MAT)?

A: Directive # 263.01 - inmates are incarcerated for a period of 30-days or less and enter on Buprenorphine or Methadone may continue on therapy upon appropriate provider review which would include: obtaining community substance abuse provider or PCP treatment information. Pregnant inmates should be maintained on treatment as per their or the OB-GYN's consultants recommendations and if remaining in the VTDOC, they should be provided care through the COGS clinic at Fletcher Allen Healthcare (FAHC)

- Contaminated Waste

71.Q: Can you provide examples of contaminated waste generated outside the facility that may be responsibility of the contractor?

A: Needles/syringes or other waste generated while an inmate is in the community (i.e. Inmates on work release or involved in work camp projects).

- Responses to Questions

72.Q: Can you provide the number of special needs inmates by category (i.e. traumatic brain injury, development disabilities, etc.)

A: The current OMS does not provide data by diagnosis at this time. However, historically speaking, the principle basis for SFI designation is approximately as follows:

- Severe Affective DO 29%
  - Psychotic DO 26%
  - Cognitive DO 20%
  - Organic DO or TBI 11%
  - Severe Developmental DO 7%
  - Severe Personality DO 8%

Note, however, that inmates designated SFI may, and generally do, have diagnoses in more than one of the above categories.

73.Q: May advance practice clinicians (NP's & PA's) function under the direction of a licensed physician in lieu of a dedicated site physician?

A: Yes

74.Q: The RFP refers both “the employer's workers' compensation insurer” and “the State's workers' compensation insurer.” Whose workers' compensation insurance covers eligible injuries sustained by inmates while on work release?

A: If the inmate is on work release (working for an outside employer), the employer's worker's compensation would cover. The state's worker's compensation insurer refers to injuries sustained while working for a VTDOC facility.

75.Q: If an employer's Worker's Compensation insurer wishes the contractor to deliver onsite care at a VTDOC facility for a work-related injury, how will the VTDOC ensure that the Contractor is compensated for providing these services (which are the financial responsibility of the Worker's Compensation insurer)?

A: The contractor will need to make arrangement necessary for this to occur.

76.Q: With regard to the Contractor pursuing collection of monies from third-party payers' on the State's behalf :

(a) Over the past two years, in how many cases has the State (or the incumbent Contractor on the State's behalf) recovered payment from third-party insurers?

A: None. This is an activity that VTDOC would like to have pursued more vigorously.

(b) For what total amount?

A: \$0.00

77.Q: Section 2.38 of the RFP addresses interfacing with the VTDOC's Mental Health Services Contractor “if separate from the medical services contract.”



Is the VTDOC considering awarding two (2) separate contracts (medical and mental health care) as a result of this RFP?

A: The state's plan is to award one (1) contract with medical and mental health services; this does not preclude two separate vendors for services, however, the state would expect the establishment of a primary contractor to negotiate the terms of the VTDOC contract. Presumably, this would require the two (2) vendors to establish a business relationship that would ensure the provision of seamless and integrated service delivery to State of VT inmates. The state requires in this case, that one (1) of the vendors (medical or mental health) would be the "lead" vendor and therefore, responsible for the overall delivery of care.

78.Q: Since VTDOC operates a combined jail/prison system, is the discussion about HIV testing expected to be held with short-term detainees (i.e. those held less than 72-hours)?

A: The discussion should occur at the time of the History and Physical which must be completed by day #7 of incarceration on anyone held 48-hours or longer.

79.Q: What is meant by "substance abuse services"? What role does the VTDOC; see the vendor having in implementing and running Substance Abuse treatment services?

A: VTDOC provides inmate substance abuse treatment services for risk and needs reducing purposes both while the person is incarcerated and in the community; these services are provided under separate contract overseen by VTDOC Program Services Division. However, the medical and mental health providers should be prepared to conduct substance abuse screening treatment as specified and referral to community Hub and Spoke providers or other providers of substance abuse services as needed. The vendor must also have sufficient staff capacity to provided limited substance abuse services which help the inmates adapt to incarceration and begin the process of building coping skills and stress management skills that do not involve substances; these services might include but should not be limited to groups, self-help literature, videotaped or guided work book type activities referrals

to on-site contracted or volunteer-organized substance abuse services (12-step programs) whenever this is appropriate to their needs.

80.Q: Is providing the flu vaccination the responsibility of the contractor?

A: Yes, in that it is, administered by the contractor and paid for as part of the contract; VTDOC places the order through a specific vendor collaborative.

81.Q: What hospitals are being primarily utilized currently by each facility?

A: Refer to Appendix 5.12 with local community and critical access hospitals. Those located in closest proximity to a correctional facility are typically utilized. Tertiary centers are used as needed to provide specialty services or acute care. Dartmouth Hitchcock Medical Center (DHMC) though located in New Hampshire is also used to provide tertiary services.

82.Q: Is the contractor expected to sign the Business Associate Agreement included in Appendix 5.01, Attachment E?

A: Yes

83.Q: Is the State of Vermont considered a covered entity under HIPPA?

A: Yes

84.Q: Has current staff been trained on HIPPA requirements and processes?

A: Yes, however, any future contractor, would be required to train in a fashion consistent with Federal/AHS policies and show proof of same, this includes training for **42 CFR Part 2**.

85.Q: Is the pricing evaluation based on Year 1 or the total for the three (3) year term? How will start up costs be factored into the price evaluation if priced separately?

A: Evaluation will be based on total three (3) year bid including start up

86.Q: May advanced practice clinicians (NP & PA) function under the direction of a licensed physician in lieu of a dedicated site physician?

A: Yes

